For	m 5500-SF	Short Form Annual Return/Report of Small Employee Benefit Plan				OMB Nos. 1210-0110 1210-0089			
	tment of the Treasury nal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employee			e <b>20</b>		2013		
Department of Labor         Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605           Employee Benefits Security Administration         the Internal Revenue Code (the Code).						8(a) of This Form is Open to Public			
Pension Be	nefit Guaranty Corporation	Complete all entries in accord	ance with the instruc	ctions to the Form 550	0-SF.	Ins	pection		
Part I		lentification Information		and andina d	0/04/	2040			
	ar plan year 2013 or fisca				2/31/2				
A This return/report is for:									
B This reti	urn/report is:		the final return/report	n/ranart (lass than 10 m	ontha				
an amended return/report a short plan year return/report (less than 12 month									
C Check box if filing under:									
Part II	Basic Plan Inform	special extension (enter description nation—enter all requested informa	,						
1a Name					1b	Three-digit			
	•	SON VALLEY P.L.L.C. PROFIT SHAF	RING PLAN			plan number (PN) ▶	002		
					1c	Effective date o	f plan		
0					-	01/01			
	NEUROLOGY OF HUD	ess; include room or suite number (er SON VALLEY, P.L.L.C.	nployer, if for a single-	employer plan)		(201)	49843		
P.O. BOX 11	95				2c	Sponsor's telephone number 845-627-1806			
NEW CITY, I	NY 10956-8195				2d	Business code ( 62111	see instructions) 1		
3a Plan ad	dministrator's name and	address XSame as Plan Sponsor Na	ame Same as Plar	n Sponsor Address	3b	Administrator's	EIN		
<ul> <li>4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the</li> <li>4b EIN</li> </ul>									
name, EIN, and the plan number from the last return/report.					<b>4c</b> PN				
<ul> <li>a Sponsor's name</li> <li>5a Total number of participants at the beginning of the plan year</li> </ul>						PN	6		
					5a 5b		6		
<ul> <li>b Total number of participants at the end of the plan year</li> <li>c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)</li> </ul>					50 50		6		
		luring the plan year invested in eligible					X Yes No		
<b>b</b> Are yo	ou claiming a waiver of th	ne annual examination and report of a See instructions on waiver eligibility a	n independent qualifie	ed public accountant (IQI	PA)		X Yes No		
lf you	answered "No" to eith	er line 6a or line 6b, the plan canno	ot use Form 5500-SF	and must instead use	Form	5500.			
C If the p	lan is a defined benefit p	plan, is it covered under the PBGC ins	surance program (see	ERISA section 4021)? .		Yes No	Not determined		
Caution: A	penalty for the late or	incomplete filing of this return/rep	ort will be assessed	unless reasonable cau	ıse is	established.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.									
0.011	Filed with authorized/va	lid electronic signature.							
HERE	Signature of plan adm	Signature of plan administrator         Date         Enter name of individ				gning as plan adr	ninistrator		
SIGN									
			dual signing as employer or plan sponsor						
Preparer's i	name (including firm nar	ne, if applicable) and address; include	e room or suite numbe	r (optional)	Prep	parer's telephone	number (optional)		

Part III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar	(b) End of Year					
а	Total plan assets		83045	8	1178426				i -	
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)		83045	8				11	78426	1
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total		
а	Contributions received or receivable from:		C245	4						
	(1) Employers	8a(1)	63451 0		_					
	(2) Participants	8a(2)	6106	-	_					
	(3) Others (including rollovers)	8a(3)	22573		_					
	Other income (loss)	8b	22313	0	-				50247	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c			-				50247	
	to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		0						
g	Other expenses	8g	227	9						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2279	ŧ.
i	Net income (loss) (subtract line 8h from line 8c)	8i							347968	6
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instru	ctions	5:	
	2E									
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	c Cod	es in th	ne instruc	tions:		
Part	V Compliance Questions									
10	During the plan year:				Yes	No		۸m	ount	
	<ul><li>a Was there a failure to transmit to the plan any participant contributions within the time period described in</li></ul>				105	110		AIII	Juni	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			10a		Х				
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include				4.01		х				
	on line 10a.)			10b		Х				
<u> </u>	Was the plan covered by a fidelity bond?			10c		~				
d	Did the plan have a loss, whether or not reimbursed by the plan's or disconstruct	•		10d		Х				
-	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			Tou						
Ū	insurance service, or other organization that provides some or all					х				
	instructions.)			10e						
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х				
g	<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			10g		Х				
h	· · · · · · · · · · · · · · · · · · ·	•				х				
<del></del>	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the			10h						
i	exceptions to providing the notice applied under 29 CFR 2520.10	•		10i						
Part VI Pension Funding Compliance										
11										
5500) and line 11a below)										
11a	1a       Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39       11a									
12	2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver									
lf	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
b	Enter the minimum required contribution for this plan year					12b				

C	Enter the amount contributed by the employer to the plan for this plan year	12c						
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).	12d						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A				
Part	rt VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?	۱ ا	res X No					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No				
С	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
<b>13c(1)</b> Name of plan(s): 13			N(s)	<b>13c(3)</b> PN(s)				
Part VIII Trust Information (optional)								
14a Name of trust PEDIATRIC NEUROLOGY OF HUDSON VALLE			b Trust's EIN 133934638					



			<u>````````````````````````````````</u>						
Form 5500-SF		Short Form Annual Return/Report of Small Employe Benefit Plan				OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		This form is required to be filed under sections 104 and 4065 of the Employee			e	2013			
		Retirement Income Security A the Int	ct of 1974 (ERISA), and e ernal Revenue Code (the		(a) of	s Open to Public			
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-S						* 10	spection		
		dentification Information							
For	calendar plan year 2013 or fisc	al plan year beginning	01/01/2013	and ending	12	/31/2013			
		x a single-employer plan	a multiple-employer	olan (not multiemployer)	a one-participant plan				
В	This return/report is:	the first return/report	the final return/report						
		an amended return/report	a short plan year retu	irn/report (less than 12 m	onths)	2			
С	Check box if filing under:	Form 5558	rm 5558 automatic extension			DFVC program			
	[	special extension (enter descri	ption)						
Ρ	art II Basic Plan Infor	mation enter all requested in	nformation						
1a	Name of plan					Three-digit			
	PEDIATRIC NEUROLOGY	OF HUDSON VALLEY P.L.I	.C. PROFIT SHARI	NG PLAN		olan number PN) ►	002		
					1c E	Effective date o	f plan		
0-						01/01/1996	v		
za		ress; include room or suite numbe OF HUDSON VALLEY, P.L.		e-employer plan)		Employer Identi EIN) 13-39	fication Number 49843		
	P.O. BOX 1195				2c Sponsor's telephone number (845) 627-1806				
		WW 1005C 0105			2d Business code (see instructions) 621111				
$\frac{US}{3a}$		NY 10956-8195 d address X Same as Plan Spo	nsor Name 🗌 Same as	Plan Sponsor Address		Administrator's	EIN		
				a narana na Baana ana ana ana ana ana ana					
4	If the name and/or EIN of the	plan sponsor has changed since t	he last return/report filed	for this plan, enter the	4b 6	EIN			
а		ber from the last return/report.			4c F	PN			
-		t the beginning of the plan year .			5a	T	7		
b		t the end of the plan year			5b		6		
С							6		
6a	Were all of the plan's assets of	during the plan year invested in eli	gible assets? (See instru	ctions.)			XYes No		
b	-	he annual examination and report See instructions on waiver eligibil		ed public accountant (IQI			X Yes No		
	If you answered "No" to eith	ner line 6a or line 6b, the plan ca							
С		plan, is it covered under the PBG					Not determined		
Ca	aution: A penalty for the late o	r incomplete filing of this return	/report will be assesse	d unless reasonable ca	use is i	established			
Ur SE	nder penalties of perjury and oth	er penalties set forth in the instructed actuary, a	ctions, I declare that I have	e examined this return/re	port, in	cluding, if appli			
SIGN July M.D.									
						signing as plan administrator			
	SIGN ANALAN V3/30/14 ARIEL SHERBANY, M.D.								
Side and the	IERE Signature of employer/	plan sponsor	Date 2	Enter name of individua		a as employer	or plan sponsor		
	[ signature of employed	ame, if applicable) and address; ir	1.00.000				number (optional)		



## Form 5500-SF 2013

Page 2

## Part III **Financial Information** Plan Assets and Liabilities (a) Beginning of Year (b) End of Year а Total plan assets ..... 7a 830,458 1,178,426 b Total plan liabilities..... 7b C Net plan assets (subtract line 7b from line 7a) ..... 7c 830,458 1,178,426 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 63,451 (1) Employers ..... 8a(1) 0 (2) Participants ..... 8a(2) (3) Others (including rollovers) ..... 61,066 8a(3) **b** Other income (loss) ..... 225,730 8b С Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... 8c 350,247 d Benefits paid (including direct rollovers and insurance premiums 8d to provide benefits) ..... е Certain deemed and/or corrective distributions (see instructions) ... 8e 0 f Administrative service providers (salaries, fees, commissions) ... 8f Other expenses ..... 2,279 g 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) ..... 2,279 8h i Net income (loss) (subtract line 8h from line 8c) 347,968 8i Transfers to (from) the plan (see instructions) ..... 8j Part IV | Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V **Compliance Questions** 10 During the plan year: Yes No Amount Was there a failure to transmit to the plan any participant contributions within the time period described in а х 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) ..... 10a b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) ..... 10b X х Was the plan covered by a fidelity bond? 10c C d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud х 10d or dishonesty? ..... Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, е insurance service, or other organization that provides some or all of the benefits under the plan? (See x 10e instructions.) ..... f Has the plan failed to provide any benefit when due under the plan? ..... 10f х g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10a х ..... h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h 2520.101-3.) х i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 10i Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes X No 5500) and line 11a below) ..... **11a** Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 ..... 11a Yes X No 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?... (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) а If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver ...... Month \_\_\_\_ Day \_ Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.



Form 5500-SF 2013

Page 3-

13-3934638

С	Enter the amount contributed by the employer to the plan for this plan year	12c						
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes [					
Part	Part VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?	•••••	Ye	Yes X No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	,					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought unde of the PBGC?	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
13c(1) Name of plan(s): 13c				s)	13c(3) PN(s)			
Part VIII Trust Information (optional)								
14a Name of trust			14b Trust's EIN					

PEDIATRIC NEUROLOGY OF HUDSON VALLE



## 5500-SF Electronic Filing Authorization

Plan Name:PEDIATRIC NEUROLOGY OF HUDSON VALLEY P.L.L.C. PROFIT SHARING PLANEIN/PN:13-3949843/002Plan Year:01/01/2013 - 12/31/2013

I hereby authorize Everett Berger to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500-SF for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Plan Administrator 4 Mus (sign) 3/30/14 (dat

Plan Sponsor M

(sign)